

## **Affidavit Regarding Citizenship**

Please submit this document along with a copy of your secure & verifiable document to the Board office as indicated on the application. For renewal applications, you may upload with your online submission, email to [pharmacyboard@dch.ga.gov](mailto:pharmacyboard@dch.ga.gov), fax to 770-344-5755, or mail to the Board's office: 2 Peachtree Street, 6<sup>th</sup> Floor, Atlanta, GA 30303.

**Print Name:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

### **APPLICANT AFFIDAVIT:**

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1 (check one):

- 1) \_\_\_\_\_ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on the Board's website.**
  
- 2) \_\_\_\_\_ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure and/or criminal prosecution.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Personally appeared before me, the undersigned official authorized to administer oaths, comes

\_\_\_\_\_ who deposes and swears that he/she is the person who executed this affidavit  
(Applicant's Printed Name)

for a professional license application in the State of Georgia; and that all of the statements herein contained are true to the best of his/her knowledge and belief.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

(Notary Seal)